

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	140	009100	
<b>O.I.P.E. CLASSIFIER</b>	052	7716	
<b>FORMALITY REVIEW</b>	32		
<b>RESPONSE FORMALITY REVIEW</b>	68048	800	

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	51		101	
1		52		102	
2	8	53		103	
3	0	54		104	
4	2	55		105	
5	0	56		106	
6	0	57		107	
7	✓	58		108	
8	1	59		109	
9	✓	60		110	
10		61		111	
11		62		112	
12		63		113	
13		64		114	
14		65		115	
15		66		116	
16		67		117	
17		68		118	
18		69		119	
19		70		120	
20		71		121	
21		72		122	
22		73		123	
23		74		124	
24		75		125	
25		76		126	
26		77		127	
27		78		128	
28		79		129	
29		80		130	
30		81		131	
31		82		132	
32		83		133	
33		84		134	
34		85		135	
35		86		136	
36		87		137	
37		88		138	
38		89		139	
39		90		140	
40		91		141	
41		92		142	
42		93		143	
43		94		144	
44		95		145	
45		96		146	
46		97		147	
47		98		148	
48		99		149	
49		100		150	
50					

If more than 150 claims or 10 actions  
staple additional sheet here

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